Instrument to Assess Knowledge and Skills of Psychologists working with Individuals with Serious Mental Illnesses and Severe Emotional Disturbances (SMI/SED)*

Council for Psychological Training in Serious Mental Illness (SMI) Psychology*

Purpose

This instrument can be used to evaluate psychologists who are developing knowledge and skills to provide services to adults with SMI or youth/young adults with SED, their families, those who support them, and their care systems. Psychology trainees, their supervisors, and practicing psychologists can use this instrument, in whole or in part, to evaluate progress in developing SMI/SED competencies, and to help define ongoing learning goals and training needs.

Development of SMI/SED Competencies and this Assessment Instrument

Competencies for professional psychology practice with individuals with SMI/SED and their families and supporters were delineated during the 2016 meeting of experts which was convened for this purpose and supported by a grant from the Board of Educational Affairs, and Division 18 of the APA. The meeting was convened by the APA Task Force on Serious Mental Illnesses and Severe Emotional Disturbance (TF SMI/SED) and by Division 18 of the APA, both of which are organizing members of the Council for Psychological Training in Serious Mental Illness (SMI) Psychology.

Those in attendance at the meeting included a representative of the Board of Professional Affairs, members of the APA TF on SMI/SED, leaders of Division 18 and the Division's Section on SMI/SED, and a representative from each of four post-doctoral programs with a specialization in SMI/SED. Both the APA TF and the Division 18 Section include members who are also psychologists with lived experience of SMI/SED.

The meeting focused on two principal themes: 1) ascertaining the distinctiveness of assessment and treatment approaches for persons with SMI/SED and 2) identifying the competencies important for post-doctoral specialized training. Following the meeting, all in attendance reviewed and provided input into the documents produced at the meeting, and agreed with their content. Specifics regarding the distinctiveness of post-doctoral training in SMI/SED were included in the Specialty Council's petition to APA for recognition of the post-doctoral specialty in SMI/SED and a summary of the competencies developed at that meeting is included at the end of this document.

Subsequent to identification of the competencies, the Council requested and received permission from the Council of Professional Geropsychology Training Programs to modify the Pikes Peak Geropsychology Knowledge and Skill Assessment Tool (Karel et al., 2012) which was developed to assess the competencies outlined in the Pikes Peak Model of Training (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009) to meet the needs of psychologists working with individuals with SMI and SED, their families and supporters. The Council is most grateful to the Council of Professional Geropsychology Training Programs for granting this permission.

The CoPGTP Task Force on Geropsychology Competency Assessment developed the original version of this tool. Members were: Michele J. Karel, Chair; Jeannette Berman, Jeremy Doughan, Erin E. Emery, Victor Molinari, Sarah Stoner, Yvette N. Tazeau, Susan K. Whitbourne, Janet Yang, Richard Zweig. The original Geropsychology tool was adapted from previous efforts, as summarized by Hatcher and Lassiter (2007) and was developed for learners and supervisors to have a measure by which to gauge competence in serving older adults.

The instrument adapted for SMI/SED use retains the purpose of a measure to gauge competence but in serving those with SMI/SED. Like the original tool, this instrument contains competencies that are

* Adapted with permission from the Pikes Peak Geropsychology Knowledge and Skill Assessment Tool developed by the Council of Professional Geropsychology Training Programs

specified by behaviorally descriptive items, and can be rated along a continuum from Novice to Expert. Some redundancy is inherent in this measure. The intent is to evaluate both the learner's knowledge base and skill set separately for the same domains, as the awareness of information and ability or experience in applying it may differ. The competencies are aspirational, rather than "required" of any particular psychologist. Even the most accomplished psychologist will have relative strengths and weaknesses across the spectrum of competencies for practice.

Professional Psychological Practice for SMI/SED

Psychologists who work with individuals with SMI/SED, their families and supporters provide assessment, intervention, consultation, and other professional services across a wide range of medical, mental health, residential, community, and other care settings with a population of demographically and socioculturally diverse adults, adolescents, and young adults. The SMI/SED competencies are applicable across varied treatment settings and populations. It is recognized also that each work area or training setting may call for the development of particular competencies, not all of which may be addressed in this document. Rather, core competencies for practice are highlighted. The knowledge and skill competencies reflect core practice attitudes needed to work with this population, including: recognition of scope of competence, self-awareness of attitudes and beliefs about the ability of individuals to recover and gain or re-gain functional capabilities, and achieve a satisfying and productive life.

Using the Competency Evaluation Instrument

This tool is intended to be used both by supervisors to assess trainees, and by psychologists to assess their own knowledge and skills. Supervisors in psychology training programs may choose to evaluate the domains relevant to the goals of their program. Evaluation should include the learner's perspective (self-assessment), observation of the learner's work (e.g., direct observation, audiotape, videotape, co-therapy), as well as regular supervision involving case discussion. Psychologists and trainees conducting self-assessments can use the instrument to evaluate their training and supervision needs in each area. The instrument also can gauge a learner's progress over time.

The learner can be rated on each knowledge domain and skill competency as Novice (N), Intermediate (I), Advanced (A), Proficient (P), or Expert (E), as described below. Each competency (highlighted in light gray in the chart below) is delineated by several specifiers (indicated by letters a., b., c., etc. in the chart). The specifiers are designed to help define the knowledge domain or skill competency and **do not need to be rated separately**. However, the specifiers can be rated individually if that level of assessment is desired. The tool can be modified to suit the needs of individuals or programs.

Rating Scale Anchors

This rating scale assumes that professional competence is developed over time, as learners develop knowledge and skills with ongoing education, training, and supervision. The anchors reflect developmental levels of competence, from Novice through Expert. Because the scale reflects development of competence, the same scale can be used at different levels of training. For example, graduate practica students would be expected to perform at Novice through Advanced levels, while Postdoctoral Fellows would be expected to perform from Intermediate to Proficient levels. Development of knowledge and skills may differ significantly across domains, depending upon previous training experiences.

To illustrate use of the scale, below we provide a brief vignette and how an individual at each level might approach the case.

N = Novice: Possesses entry-level skills; needs intensive supervision
I = Intermediate: Has a background of some exposure and experience; ongoing supervision is needed
A = Advanced: Has solid experience, handles typical situations well; requires supervision for unusual or complex situations
P = Proficient: Functions autonomously, knows limits of ability; seeks supervision or consultation as needed
E = Expert: Serves as resource consultant to others, is recognized as having expertise

Vignette: *A 24 year-old African-American man is referred to the mental health clinic by his primary care physician because his mother reported that his erratic behavior has become more frequent and disturbing. In recent months, he has become depressed, increasingly disoriented, withdrawn, and is absent from home for several days at a time. His employer has reported him missing from or reporting late for work. He no longer takes care of his personal hygiene and sometimes complains of stomach problems, although the primary care physician has not offered a diagnosis for this. At the insistence of his mother, he very reluctantly has come to the clinic for an initial evaluation.*

Novice (N): Possesses entry-level skills; needs intensive supervision

Novices have limited knowledge and understanding of case conceptualization and intervention skills, and the processes and techniques of implementing them. Novices do not yet recognize consistent patterns of behavior relevant for diagnosis and care planning and do not differentiate well between important and unimportant details.

Example: The learner is able to identify salient symptoms, but does not appreciate possible contributions of potential medical or behavioral co-morbidities, neuropsychological complications, practitioner bias, family system factors, and fear of stigmatization to the individual's presentation, and does not know how to formulate differential diagnosis questions.

Intermediate (I): Has a background of some exposure and experience; ongoing supervision is needed

Experience has been gained through practice, supervision, and instruction. The learner is able to recognize important recurring issues and select appropriate strategies. Generalization of skills is limited and support is needed to guide performance.

Example: The learner recognizes multiple possible contributions to the person's presentation, is able to collect history from the patient (and his mother with his permission), administer clinical, cognitive, and functional screening tools, and consult with supervisor to discuss possible implications and to plan further evaluation. Learner may not appreciate complex family and cultural systems issues, and the possibility of practitioner bias of the family physician.

Advanced (A): Has solid experience, handles typical situations well; requires supervision for unusual or complex situations

Knowledge of the competency domain is more integrated, including application of appropriate research literature. The learner is more fluent in the ability to recognize patterns and select appropriate strategies to guide diagnosis and treatment

Example: The learner is able to integrate multiple sources of information (e.g., behavioral observation, cognitive testing data, medical records, collateral reports [mother, employer, supporters,(with the person's permission),] and complex history (medical, psychiatric, family, occupational, and cultural context) to rule out possibility of co-morbid physical and or behavioral conditions and make recommendations to the individual, his primary care provider and family about further assessment and treatment options. Learner consults with supervisor about local resources for persons with first episode psychosis early intervention programs, and how best to handle issues around the primary care provider's belief that "there is nothing physically wrong" with the patient.

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Proficient (P): Functions autonomously, knows limits of ability; seeks supervision or consultation as needed

Proficiency is demonstrated in perceiving situations as wholes and not only summations of parts, including an appreciation of longer term implications of current situation. The psychologist has a perspective on which of the many existing attributes and aspects in the present situation are important ones, and has developed a nuanced understanding of the clinical situation.

Example: Learner is able to integrate information, as above, collaborate with family and relevant providers (e.g., family physician, psychiatrist, neuropsychologist, early intervention team, substance abuse team if appropriate, psychosocial rehabilitation team, and social service providers for ongoing assessment and intervention for the patient and family, explore community support options). Learner functions as a full member of an interdisciplinary team to address the biopsychosocial needs of the client and his family, and is able to assume a leadership role.

Expert (E): Serves as resource or consultant to others, is recognized as having expertise

With significant background of experience, the psychologist is able to focus in on the essentials of the problem quickly and efficiently. Analytical problem solving is used to consider unfamiliar situations, or when initial impressions do not bear out.

Example: The psychologist is frequently contacted by other psychologists in the community to provide consultation regarding assessment and intervention options for persons with serious mental illness and severe emotional disturbance (SMI/SED). The psychologist is able to use the above case as a teaching example for the need to provide a thorough biopsychosocial assessment in complex cases, to implement an interdisciplinary team plan, and to be knowledgeable about the multiple resources needed to assist individuals with SMI and SED in the community.

***NOTE**: Ratings are only needed where the anchors are provided (highlighted in light gray). Specifiers (indicated by letters a., b., c., etc. in the chart) are designed to help define the knowledge domain or skill competency and do not need to be rated separately, unless that level of assessment is desired.*

I. General Knowledge about Serious Mental Illness/Severe Emotional Disturbance (SMI/SED)					
I. A. Knowledge Base - The psychologist/trainee has *KNOWLEDGE* OF:					
1. Models of Development	**N**	**I**	**A**	**P**	**E**
a. Development as a life-long process encompassing early to late life, and encompassing both gains and losses over the lifespan, especially those that impact on the development of serious mental illness					
b. Different theories of normal versus pathological development and adaptation					
c. Biopsychosocial perspective for understanding an individual's physical and psychological development within the sociocultural context					
d. Concept of, and variables associated with, development of illness					
e. Relevant research on development and the impact of the various factors that can lead to illness and or functional impairment, including methodological considerations in cross-sectional and longitudinal research					
2. Epidemiology and Demographics	**N**	**I**	**A**	**P**	**E**
a. Demographic trends related to mental illness, particularly SMI and SED, including gender, racial, ethnic, and socioeconomic heterogeneity					
b. Resources to remain updated on the demographics of the population, including internet sites for: Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, Social Security Administration, Bureau of Labor Statistics, National Institutes of Health particularly National Institute of Mental Health, World Health Organization					
3. Biological, Psychological, Social Aspects	**N**	**I**	**A**	**P**	**E**
a. Biological and physiological (medical/health) aspects that may impact on development of SMI/SED					
b. Psychological characteristics/factors (behavioral, cognitive including attention, memory, executive functioning, language, and intellectual functions, personality, emotional expression and coping mechanisms) that may impact on development of SMI/SED					
c. Social and environmental factors (socialization, family dynamics, educational and work related) that may impact on development of SMI/SED					
d. Interactions among the three processes above that may impact development of SMI/SED					
4. Functional Capability	**N**	**I**	**A**	**P**	**E**
a. Relationship between functional abilities and decisions individuals make with regard to life domains including education, employment, healthcare, relationships, lifestyle and leisure activities, and living environment					
b. Relationship between functional ability and psychopathology, including how functional abilities of individuals with SMI and/or SED affect family and significant others					
c. Strategies commonly used to cope with functional limitations					
d. Impact of stereotypes and stigma on an individual's functional status and self-efficacy					
e. Ethical and legal issues which arise in the context of markedly impaired functional status and decision making capacity					
4. Psychopathology	**N**	**I**	**A**	**P**	**E**
a. Common types of psychopathology in terms of onset, etiology, risk factors, clinical					

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course, associated behavioral features, and medical and psychological management of these disorders	
b. Differential presentation, associated features, age of onset, and course of psychological disorders and syndromes	
c. Under-recognized aspects of psychopathology which affect functional impairment and safety (e.g., trauma, suicide risk, substance use)	
d. Interaction of SMI/SED with the more common medical illnesses and medications and implications involved for assessment and treatment	
5. Diversity in the Population	**N I A P E**
a. The diversity of the population in general and the impact of cultural experiences on illness development and expression	
b. The unique experience of each individual: demographic, sociocultural, and life experiences and the interaction of multiple factors that my interact to influence an individual's patterns of behavior	
c. The varied preferences individuals with SMI/SED have in discussing mental health problems and their effect on functional capability with family, primary care providers, treatment team members, spiritual advisors, etc.	
I. B. Professional Functioning – The psychologist/trainee is *ABLE TO*:	
1. Apply Ethical and Legal Standards by identifying, analyzing, and proactively addressing complex ethical and legal issues:	**N I A P E**
a. Tension between sometimes competing goals of promoting autonomy and protecting safety of at-risk clients	
b. Decision making capacity and strategies for optimizing an individual's participation in informed consent regarding a wide range of medical, residential, financial, and other life decisions, and the possible presence of a psychiatric living will	
c. Surrogate decision-making as indicated regarding a wide range of medical, residential, financial, and other life decisions, e.g., changes in capacity depending upon current mental status/acute psychotic episode/in remission	
d. State and organizational laws and policies covering committal, assisted outpatient treatment, advance directives, conservatorship, guardianship, multiple relationships, and confidentiality	
2. Address Cultural and Individual Diversity of those with SMI/SED, their families, communities, & systems/providers by being able to:	**N I A P E**
a. Recognize gender, age, cohort, ethnic/racial, cultural, linguistic, socioeconomic, religious, disability, sexual orientation, gender identity, and urban/rural variations	
b. Articulate integrative conceptualizations of multiple aspects of diversity influencing those with SMI/SED, psychologists and other providers, and systems of care	
c. Adapt professional behavior in a culturally sensitive manner, as appropriate to the needs of the client	
d. Work effectively with diverse providers, staff, and students in care settings serving those with SMI/SED	
e. Initiate consultation with appropriate sources as needed to address specific diversity issues	
3. Recognize Importance of Teams	**N I A P E**
a. Understand the importance of diverse team members and their professional expertise	
b. Value the role that other providers play in the assessment and treatment of persons with SMI/SED	

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c. Demonstrate awareness, appreciation, and respect for team experiences, values, and discipline-specific conceptual models	
d. Understand the importance of teamwork in settings where individuals with SMI/SED are seen to address the varied bio-psycho-social needs of this population	
4. Practice Self-Reflection	**N I A P E**
a. Demonstrate awareness of personal biases, assumptions, stereotypes, and potential discomfort in working with people with SMI/SED, particularly those of backgrounds divergent from the psychologist/trainee	
b. Monitor internal thoughts and feelings that may influence professional behavior, and adjust behavior accordingly in order to focus on needs of the patient, family, significant others, and treatment team	
e. Demonstrate self-awareness and ability to recognize differences between the clinician's and the client's values, attitudes, assumptions, hopes and fears related to the illness, symptoms, functional capabilities, stigma, treatment, social supports	
d. Demonstrate accurate self-evaluation of knowledge and skill competencies related to work with diverse individuals, including those with particular diagnoses, or in particular care settings	
e. Initiate consultation with or referral to appropriate providers when uncertain about one's own competence	
f. Seek continuing education, training, supervision, and consultation to enhance competence related to practice	
5. Relate Effectively and Empathically	**N I A P E**
a. Use rapport and empathy in verbal and nonverbal behaviors to facilitate interactions with individuals, families, and treatment teams	
b. Form effective working alliances with wide range of clients, families, colleagues, and other stakeholders	
c. Communicate with individuals and their families, adjusting language and complexity of concepts based on the person's and family's level of sensory and cognitive capabilities, educational background, knowledge, values, and developmental stage	
d. Demonstrate awareness, appreciation, and respect for those with SMI/SED, families, and team perspectives, experiences, values, and conceptual models	
e. Demonstrate appreciation of client, family, and organizational strengths, as well as deficits and challenges, and capitalize on strengths in planning interventions	
f. Tolerate and understand interpersonal conflict and differences within or between clients, families, and team members, and negotiate conflict effectively	
6. Apply Scientific Knowledge	**N I A P E**
a. Demonstrate awareness of the scientific knowledge base related to individuals with SMI/SED including areas such as biological, psychological, social, and community influences; physical and mental health care, and incorporate this knowledge into interdisciplinary health and mental health practice	
b. Apply review of available scientific literature to case conceptualization, treatment planning, and intervention	
c. Acknowledge strengths and limitations of knowledge base in relation to individual case	
d. Demonstrate ability to cite scientific evidence to support professional activities in academic, clinical and policy settings	
7. Appropriate Business Practice	**N I A P E**
a. Demonstrate awareness of Medicare, Medicaid, and other insurance coverage for	

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diagnostic conditions and health and mental health care services	
b. Demonstrate appropriate diagnostic and procedure coding for psychological services rendered	
c. Demonstrate medical record documentation that is consistent with Medicare, Medicaid, HIPAA, and other federal, state, local or organizational regulations, including appropriate documentation of medical necessity for services and insurance companies	
d. Remain updated on policy and regulatory changes that affect practice, such as through professional newsletters and e-mail fora	
e. Demonstrate understanding of quality indicators for the care of individuals with SMI/SED	
8. Advocate for and Provide Care Coordination	**N I A P E**
a. Demonstrate awareness of possible individual and psychosocial barriers to individuals with SMI/SED accessing and utilizing health, mental health, or community services	
b. Advocate for clients' needs in interdisciplinary and organizational environments when appropriate	
c. Collaborate with clients, families, and organizational and community providers to improve access to needed health care, and residential, transportation, social, or community services	
II. Assessment	
II. A. Knowledge Base -- The psychologist/trainee has *KNOWLEDGE* OF:	
1. Assessment Methods for Individuals with SMI/SED	**N I A P E**
a. Current research and literature relevant to understanding theory and current trends in assessment of strengths, functional abilities and limitations, and resource needs	
b. Assessment measures or techniques which have been developed, normed, validated and determined to be psychometrically suitable for use with this population	
c. Importance of a comprehensive interdisciplinary assessment approach (e.g., including other health professionals' evaluations of medical or social issues)	
d. Multi-method approach to assessing those with SMI/SED (including cognitive, psychological, personality, functional and behavioral assessments, drawn from standardized instruments, self-report, interviews, and observational methods)	
e. Importance of integrating collateral information from family, friends, and providers, with appropriate consent, especially when cognitive impairment is suspected	
f. Need for baseline and repeated-measures assessments in order to understand complex diagnostic problems with multiple co-morbidities	
g. Assessment of aspects essential to understanding individuals with SMI/SED (e.g., trauma, potential abuse, suicide, etc.)	
2. Limitations of Assessment Methods	**N I A P E**
a. Criterion and age requirements, as well as specific standard normative data for testing instruments	
b. Limitations of testing instruments, including those not validated with SMI/SED samples, for assessing diverse individuals	
3. Contextual Issues in Assessment of Individuals with SMI/SED	**N I A P E**
a. The range of potential individual factors that may affect assessment performance (e.g., medications, substance use, medical conditions, cultural, educational, language background)	
b. The potential impact of the assessment environment on test performance (e.g., noise, lighting, distractions, etc.)	

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c. The person's capabilities and resources that impact on recommendations from assessment data, e.g., ability to manage one's affairs vis a vis capabilities and demands	
II. B. Professional Functioning – The psychologist/trainee is *ABLE TO*:	
1. Utilize Assessment Instruments	**N I A P E**
a. Utilize assessment tools for mood, cognition, substance use, personality, and other clinical issues to guide and inform comprehensive assessment	
b. Evaluate the person's understanding, appreciation, reasoning, and choice abilities with regard to capacity for decision making	
c. Utilize functional assessment tools to understand basic functional capabilities	
d. Evaluate age, educational, an cultural appropriateness of assessment instruments	
e. Consider reliability and validity data in using standardized instruments with individuals with SMI/SED	
f. Assess a person's ability to provide informed consent for psychological evaluation	
2. Utilize Information from Psychological Assessments	**N I A P E**
a. Interpret meaning and implications of testing data or reports for case conceptualization	
b. Integrate testing results with information from clinical interview with the person and collateral sources, including behavioral observations and interviews with family members and other supports, to formulate impressions and recommendations	
c. Assess an individual's motivation and readiness for treatment	
d. Make specific and appropriate recommendations, based on testing results, to inform treatment planning	
e. Translate testing results into practical conclusions and recommendations for clients, families, and other care providers	
3. Interpret Assessment Information and Conduct Differential Diagnosis	**N I A P E**
a. Distinguish between symptoms of lesser versus more severe pathology in making diagnoses	
b. Consider base rates, risk factors, and distinct symptom presentations of psychological disorders when making diagnoses	
c. Conduct differential diagnosis, including consideration of co-morbid medical issues and or substance use, and of medications that may influence an individual's presentation	
d. Utilize biopsychosocial case conceptualization based on clinical evaluation to inform initial recommendations or treatment plan	
4. Assess Risk	**N I A P E**
a. Identify risk factors for harm to self or others	
b. Screen and comprehensively assesses suicide risk	
c. Screen and assesses capacity for self-care including activities of daily living	
d. Screen and assesses for trauma and for risk of abuse in emotional, physical, sexual, financial, and neglect	
5. Refer for Other Evaluations as Indicated	**N I A P E**
a. Acknowledge personal level of expertise regarding appropriate and comprehensive assessment of individuals with SMI/SED and know when to refer or consult with other health care professionals	
b. Collaborate with professionals from other disciplines to assess specific functional capacities (e.g., social and communication skills, ability for work, continued education, ability to live independently or with supports)	
c. Utilize assessment data to inform need for more comprehensive, multidisciplinary	

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assessment					
d. Recognize when a medical evaluation is indicated to rule out underlying medical or pharmacological causes of presenting symptoms					
6. Goal Development	**N**	**I**	**A**	**P**	**E**
a. Work with the person and his/her support team to develop short and long term goals and objectives based on results of clinical, functional, and available resource assessments					
b. Identify interventions and resources needed for each goal and objective					
7. Communicate Assessment Results and Recommendations	**N**	**I**	**A**	**P**	**E**
a. Communicate results within the confines of federal, state, local, and institutional privacy and confidentiality rules and regulations					
b. Translate assessment results into practical recommendations for the person, family, supporters, and team, providing written recommendations and relevant psychoeducational materials understandable to stakeholders					
c. Appreciate legal and clinical contexts of capacity/competence evaluations (e.g., need for guardianship, loss of right to make decisions, live independently, drive, etc.)					
d. Provide recommendations to other providers and case managers to assure that treatment plans are informed by assessment results and are coordinated					
III. Intervention					
III. A. Knowledge Base – The psychologist/trainee has *KNOWLEDGE* OF:					
1. Theory, Research, and Practice	**N**	**I**	**A**	**P**	**E**
a. Basic clinical interventions which target behavioral features and psychological problems in individuals with SMI/SED and their caregivers					
b. Specialized interventions for individuals with SMI/SED (e.g., illness management, assertive community treatment, family psychoeducation, social integration strategies, skills training, cognitive remediation and social cognition strategies, employment and educational interventions, substance use interventions, weight management strategies, peer delivered services, interventions for those with SMI in forensic settings, token economy in residential/institutional settings)					
c. Broad research knowledge regarding the effectiveness of psychological interventions with individuals with SMI/SED (e.g., application of behavioral, cognitive, interpersonal, psychodynamic, family, early intervention, trauma, environmental/social inclusion, psychoeducational, group interventions)					
d. Psychosocial, psychotherapeutic and psychopharmacological approaches to treating psychological disorders, as well as the consequences of not treating and side effects of possible treatments					
2. Health, Illness, and Pharmacology	**N**	**I**	**A**	**P**	**E**
a. The complexity and interplay of medical problems and health issues of concern for those with SMI/SED (smoking, weight gain, health system failures, stigma and reluctance to seek medical intervention, reluctance to use psychotropic medication)					
b. The possible impact of medications and procedures for medical and psychiatric problems, including detrimental side effects on symptom presentation, mental status, and treatment effectiveness					
c. The frequent comorbidity between chronic medical and psychiatric problems including substance use, and need to address both medical and mental health issues					
3. Specific Settings	**N**	**I**	**A**	**P**	**E**
a. The salience and presentation of ethical issues when employing interventions across					

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varied care settings (e.g., confidentiality in context of team treatment planning, family and other supporters, privacy constraints in institutional settings)					
b. Adaptations of interventions appropriate to particular settings (e.g., focus on staff education and behavioral, environmental interventions in residential settings)					
4. Recovery and Rehabilitation Services	**N**	**I**	**A**	**P**	**E**
a. The underlying concepts and necessary components of the recovery paradigm for persons with SMI/SED					
b. Specific referral sources that are knowledgeable about and experienced in delivering appropriate services for persons with SMI/SED					
c. Referral processes and procedures to local community resources					
d. Follow-up mechanism(s) regarding referrals for PSR services					
5. Ethical and Legal Standards	**N**	**I**	**A**	**P**	**E**
a. Informed consent procedures for services to individuals with SMI/SED and challenges to the capacity of some to provide informed consent					
b. Client's right to confidentiality and to be informed of limits of confidentiality					
c. State and organizational laws and policies covering abuse, advance directives, conservatorship, guardianship, restraints, multiple relationships, and confidentiality					
III. B. Professional Functioning – The psychologist/trainee is *ABLE TO*:					
1. Provide Effective, Evidence-based Interventions for Those with SMI/SED Including:	**N**	**I**	**A**	**P**	**E**
a. Adults with SMI (and other co-morbid conditions including substance use disorders) and their family caregivers					
b. Youth and young adults with SED or those with prodromal symptoms					
c. Family, friends, and other supporters of individuals with SMI/SED					
2. Apply Individual, Group, and Family Interventions	**N**	**I**	**A**	**P**	**E**
a. Together with the person and his or her support team, prioritize treatment goals as appropriate, taking into account multiple problem areas					
b. Integrate relevant treatment modalities					
c. Modify evidence-based and clinically informed intervention strategies to meet the specific needs of individuals with SMI/SED (e.g., cognitive impairments, differing belief systems, cultural practices, etc.)					
d. Provide psychoeducation as needed to help individuals, their support system and families understand the illness, its treatments, the lived experience of SMI/SED, the therapeutic process, and the interventions and strategies used					
e. Choose evidence-based treatment for individuals with SMI/SED based on appropriate assessments, capabilities, available supports and resources, and other factors relevant for the person's recovery					
f. Choose and implement intervention strategies based on available evidence for effectiveness with the client					
g. Provide directly or arrange from other providers, the evidence based psychosocial rehabilitation interventions developed and tested for this population					
3. Base Interventions on Empirical Research, Theory, and Clinical Judgment	**N**	**I**	**A**	**P**	**E**
a. Articulate theoretical case conceptualization and empirical support guiding choice of intervention strategies					
b. Describe the integration or adaptation of various strategies to meet the needs of particular clients					

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c. Measure the effectiveness of intervention	
d. Make appropriate adjustments to treatment based on client response	
IV. Consultation	
IV. A. Knowledge Base – The psychologist/trainee has *KNOWLEDGE* OF:	
1. Prevention, Health Promotion and Social Integration	**N I A P E**
a. Incidence and prevalence rates of mental health problems in the general population and has specialized knowledge of these rates for individuals at risk for or with SMI/SED	
b. How to partner with family and local community resources for health promotion	
c. Strategies for community-based training/education for promoting preventive interventions	
d. Strategies for helping communities be accepting and supportive of people with SMI/SED to help them integrate socially	
2. Diverse Clientele and Contexts	**N I A P E**
a. Multiple levels of intervention/consultation, including individuals, families, healthcare professionals, organizations, and community leaders	
b. Systems-based consultative and intervention models and their use with appropriate modifications in different settings	
c. Strategies and methods for collaboration to address individual and organizational needs	
3. Interdisciplinary Collaboration	**N I A P E**
a. The roles, and potential contributions, of a wide range of healthcare professionals in the assessment and treatment of individuals with SMI/SED	
b. How team composition and functioning may differ across settings of care	
c. Appropriate research methodology, including mixed methods in order to capture the best data for use in studying intervention effects	
IV. B. Professional Functioning – The psychologist/trainee is *ABLE TO*:	
1. Provide Consultation to Improve Assessment and Treatment for People with SMI and SED	**N I A P E**
a. Recognize situations in which consultation is appropriate	
b. Demonstrate ability to clarify and refine a referral question	
c. Demonstrate ability to gather information necessary to answer referral question(s)	
d. Advocate for quality care for individuals with SMI and SED with their families, professionals, health care services, facilities, programs, legal systems, and other agencies or organizations	
2. Provide Training	**N I A P E**
a. Assess learning needs of trainees related to varying levels of training and amount of experience within and across disciplines	
b. Define learning goals and objectives as a basis for developing educational sessions	
c. Provide clear, concise education that is appropriate for the level and needs of trainees	
3. Participate in Interprofessional Teams	**N I A P E**
a. Work with professionals in other disciplines to incorporate information about psychological assessment and treatment of those with SMI/SED into team treatment planning and implementation	
b. Communicate psychological conceptualizations clearly and respectfully to other providers	
c. Appreciate and integrate feedback from interdisciplinary team members into case conceptualizations	

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d. Work to build consensus on treatment plans and goals of care, to invite various perspectives, and to negotiate conflict constructively					
e. Demonstrate ability to work with diverse team structures (e.g., hierarchical, lateral, virtual) and team members (e.g., including the ethics board, chaplains, families and support team members)					
4. Communicate Psychological Conceptualizations for SMI/SED	**N**	**I**	**A**	**P**	**E**
a. Provide clear and concise written communication of psychological conceptualizations and recommendations for assessment and treatment of people with SMI/SED					
b. Provide clear and concise oral communication of psychological conceptualizations and recommendations for assessment and treatment of people with SMI/SED					
c. Use appropriate language and level of detail for the target audience of the communication					
5. Implement Organizational Change	**N**	**I**	**A**	**P**	**E**
a. Advocate for appropriate services for persons with SMI/SED within and across various settings					
b. Conduct needs assessment for service delivery within the setting or program that serves individuals with SMI/SED					
c. Develop policies and procedures for service delivery that involve all appropriate disciplines and staff members					
d. Evaluate effectiveness of service delivery model or program					
6. Participate in a Variety of Models of Service Delivery	**N**	**I**	**A**	**P**	**E**
a. Differentiate goals and models of care in community, residential, rehabilitation, acute, primary, home, supported housing, and other care settings					
b. Appreciate and be able to work within a variety of models of mental health care for this population, including integrated mental health services in primary care, specialty consultation, and home or community-based services					
c. Demonstrate awareness of strengths and constraints of various care models					
d. Demonstrate flexibility in professional roles to adapt to the realities of work in a variety of healthcare delivery systems					
7. Collaborate and Coordinate with Other Agencies and Professionals	**N**	**I**	**A**	**P**	**E**
a. Work with team members to create smooth and efficient transitions across health care settings for individuals with SMI/SED and their families					
b. Demonstrate respect for confidentiality and informed consent, as well as continuity of care, in coordinating with family members, other professionals, and agencies regarding treatment for those with SMI/SED					
c. Establish working relationships with local and national agencies and organizations, including advocacy groups, treatment facilities, service providers, legislative bodies that authorize and provide funding, universities that conduct research, etc.					
8. Recognize and Negotiate Multiple Roles	**N**	**I**	**A**	**P**	**E**
a. Identify the client and explicate the expectations of the relationship at the outset of the consultation					
b. Advocate on behalf of the well-being of clients within each professional role, including when the individual or group of clients is not the direct client (e.g., the actual client may be the organization)					
c. Discuss potential conflicts of interest with colleagues and teams as indicated					
d. Discuss financial arrangements with all stakeholders					

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Summary

It may help psychologists in training and/or supervisors to summarize knowledge and skill strengths, and areas for growth, based on this assessment. Areas for growth may then be linked to further goals for education and training.

Strengths: Knowledge and skill domains in which the trainee feels most confident and competent for practice with individuals with SMI/SED:

Areas for Growth: Knowledge and skill domains in which the trainee wishes to develop further competency:

Education and Training Goals (within a practicum, internship rotation, fellowship, or post-licensure program of self-study)

***Notes on the Development of the Original and this Instrument**

The Council for Psychological Training in Serious Mental Illness (SMI) Psychology requested and received permission from the Council of Professional Geropsychology Training Programs to modify the Pikes Peak Geropsychology Knowledge and Skill Assessment Tool (Karel et al., 2012) which was developed to assess the competencies outlined in the Pikes Peak Model of Training (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009). The SMI Psychology Council is most grateful to the Council of Professional Geropsychology Training Programs for granting this permission.

According to the information provided with the original instrument, development was informed by several important previous efforts. This information is included here in order to acknowledge those efforts. These included the APA policies on multicultural and evidence-based practice, extensive work on the assessment of competencies for professional psychology practice, competencies for geriatric and palliative care, and evaluation tools that have been used by geropsychology internship and fellowship programs. An abbreviated reference list of those efforts follows:

American Psychological Association (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58*, 377-402.

American Psychological Association. (2004). Guidelines for psychological practice with older adults. *American Psychologist, 59*, 236-260.

American Psychological Association. (2006). *APA task force on the assessment of competence in professional psychology: Final report*. Washington, DC: American Psychological Association.

APA Board of Educational Affairs and Council of Chairs of Training Councils (CCTC) (2007). Assessment of Competency Benchmarks Workgroup: A developmental model for defining and measuring competence in professional psychology. Accessed at http://www.apa.org/ed/graduate/comp_benchmark.pdf

APA Presidential Task Force on Evidence Based Practice (2006). Evidence based practice in psychology. *American Psychologist, 61*, 271-285.

Hatcher, R. L. & Lassiter, K. D. (2007). Initial training in professional psychology: The Practicum Competencies Outline. *Training and Education in Professional Psychology, 1*, 49-63.

Karel, M. J., Holley, C., Whitbourne, S. K., Segal, D. L., Tazeau, Y., Emery, E., Molinari, V., Yang, J., & Zweig, R. (2012). Preliminary validation of a tool to assess knowledge and skills for professional geropsychology practice. Professional Psychology: Research & Practice, 43(2), 110-117.

Kaslow, N. J., Rubin, N. J., Bebeau, M. J., Leigh, I. W., Lichtenberg, J. W., Nelson, P. D., et al. (2007). Guiding principles and recommendations for the assessment of competence. *Professional Psychology: Research and Practice, 38*(5), 441.

Knight, B.G., Karel, M.J., Hinrichsen, G.A., Qualls, S.H., & Duffy, M. (2009). Pikes Peak Model for Training in Professional Geropsychology. *American Psychologist, 64*, 205-214.

Rodolfa, E., Bent, R., Eisman, E., Nelson, P. D., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice, 36*, 347-354.

SMI/SED Competencies**

The specialized training needed includes: very different assessment methods which assess functional capability rather than symptomatology, EBPs and promising practices designed specifically for this population, interventions modified and found to be effective with people in this population within the forensic mental health system, research methods adapted for populations such as this, and systems transformation methods specific to large mental health systems that serve this population, to name but a few – these are the major areas of specialized training needed by psychologists to work with individuals with SMI/SED. With funding from a Board of Educational Affairs grant and from Division 18, a meeting was convened following the 2016 APA convention to identify the specific competencies that are needed to meet the training needs of psychologists. While it is recognized that not every post-doctoral specialty program could include all of these, the following competencies are those that would ideally be included or available to trainees:

Assessment

- Comprehensive knowledge of strengths based and functional capability assessments and ability to use these
- Ability to utilize standardized assessments in ways that may require modification in light of the fact that these assessments were not developed or normed using persons with SMI/SED
- Ability to competently utilize specialty assessments such as the Structured Clinical Interview (SCID for DSM), the Positive and Negative Syndrome Scale (PANSS), the Brief Psychiatric Rating Scale (BPRS), and the Brief Psychiatric Rating Scale for Children (BPRS-C) as needed and appropriate
- Ability to conduct an assessment of an individual's readiness and desire for psychosocial interventions
- Ability to conduct a strengths based assessment including an assessment of functional capability
- Ability to conduct an assessment of internal and external resource availability and the individual's ability to utilize available resources
- Ability to assess and address positive/psychotic and negative symptoms
- Ability to recognize psychosis and thought disorder and understand in depth the nuances of each condition considered within the purview of SMI/SED
- Ability to recognize and screen for potential cognitive deficits that are core areas of dysfunction for people with SMI/SED including processing speed, verbal memory, attention, and social deficits
- Ability to recognize limitations posed by cognitive impairments and potential for lessened insight and, as needed, ability to conduct behavioral observational assessments that accurately account for these
- Ability to assess for the potential risk for suicide and violence to self or others
- Ability to recognize and understand etiology of comorbid trauma and substance use disorders in SMI/SED disorders and be competent in differential diagnosis of similarly presenting diagnoses such as PTSD and personality disorders
- Knowledge of medication side effects especially those specific to psychotropic medications and ability to assess for medication adherence and barriers to adherence
- Ability to integrate the intersection of diversity related to age, cultural, spiritual/religious beliefs, etc. specifically related to the presentation of symptoms unique to SMI/SED
- Ability to recognize the level of capacity and competence of an individual with SMI/SED in order to make appropriate recommendations regarding interventions or to refer to appropriate specialty services including those provided by other disciplines

Interventions: Comprehensive knowledge of psychosocial rehabilitation interventions designed to foster recovery and meet the needs identified by each person:

Schizophrenia PORT evidence based and promising practices (Kreyenbuhl, Buchanan, Dickerson, & Dixon, 2010) including:

 Assertive Community Treatment – knowledge of fidelity criteria and ability to implement intervention, participate on team, and supervise others
 Supported Employment – knowledge of fidelity criteria and ability to implement intervention, participate on team, and supervise others
 CBT and CBTp – knowledge of differences between CBT and CBTp and ability to competently practice and supervise others in both interventions
 Family intervention/psychoeducation – knowledge of fidelity criteria and ability to implement intervention and supervise others
 Skills and CBT training – knowledge of how to competently practice and supervise others in practice
 Social learning program (Token Economy) – knowledge of intervention, its appropriate use, ability to implement and train and supervise others
 Integrated dual diagnosis treatment/Concurrent disorders treatment – knowledge of fidelity criteria and ability to implement intervention, participate on team, and supervise others
 Weight management approaches and Smoking cessation approaches – ability to competently implement appropriate interventions and supervise others
 Illness self-management including WRAP, behavioral tailoring for medication – knowledge of interventions, how to implement and supervise others
 Cognitive Remediation and Social Cognition Training – knowledge of interventions, ability to competently practice and supervise others
 Psychosocial interventions for first episode psychosis (RAISE) – knowledge of and ability to implement intervention, participate on team, and supervise others
 Peer support/peer delivered services – knowledge of interventions and ability to implement and supervise peers and other professionals

Additional interventions to address critically important problems for people with SMI/SED including:
 Stigma/Self-stigma interventions – knowledge of, and ability to implement interventions to change attitudes and decrease discriminatory behaviors among health providers and the public at large
 Trauma interventions (trauma informed and trauma specific care) – ability to competently implement trauma interventions including CBT for trauma, relapse prevention for alcohol and drug use, stress inoculation training for PTSD and other components of trauma specific care
 Suicide prevention – ability to recognize when individuals may be at risk and provide high levels of support, refer for medical intervention and provide treatment for depression in order to reduce hopelessness
 Violence prevention – ability to recognize when individuals may be at risk and refer for medical intervention while providing high levels of support
 Interventions to decrease homelessness – ability to provide a comprehensive array of services designed to facilitation supported housing, trauma informed care, relapse prevention for substance abuse, and support to maintain housing
 Motivational interviewing for those with SMI/SED – ability to competently implement motivational interviewing as appropriate and to supervise others in practice

Specialized interventions for forensic/criminal justice populations with SMI/SED including:
 Knowledge of the factors that impact on success for forensic and criminal justice populations with SMI/SED
 Forensic Assertive Community Treatment (FACT) – ability to ability to implement intervention, participate on team, and supervise others
 CBT for those in criminal justice/forensic settings – ability to competently provide specialized CBT services and to supervise others in practice

 IDDT/Concurrent disorders treatment for those in criminal justice/forensic settings – knowledge of the specialized needs of people with SMI/SED in these settings, ability to provide integrated mental health and substance use services targeted to the population, and supervise others in practice
 Trauma interventions for those in criminal justice/forensic settings (trauma informed and trauma specific care) – recognition of trauma as the norm for those with SMI/SED in the forensic and criminal justice system, ability to competently provide trauma specific interventions including CBT for trauma, relapse prevention for alcohol and drug use, stress inoculation training for PTSD and other components of trauma specific care, including services for those at highest risk and to supervise others in provision of services
 Supported housing interventions for those in criminal justice/forensic settings – ability to implement comprehensive services to assure supported housing is available for individuals being released into the community
 Transition planning and follow-up for criminal justice/forensic settings – ability to implement adequate and appropriate transition planning and follow up for individuals being released into the community

Specialized interventions for people with bipolar disorder in addition to demonstrating competence with the above interventions for people with SMI/SED (several of which are also recommended specifically for this population), an ability to competently provide interpersonal and social rhythm therapy (IPSRT) and dialectical behavior therapy (DBT) and to supervise others in practice

<u>Consultation</u>
 Ability to effectively present information and develop treatment recommendations that are understandable to the person, his or her support team, and in accord with his or her goals
 Ability to competently work with an interdisciplinary team and present information about persons with SMI/SED so that team members can understand and learn from the presentation
 Ability to apply specialty knowledge and expertise concerning SMI/SED symptomatology and diagnosis to problems that arise in professional settings
 Comprehensive knowledge of psychosocial functioning and recovery and ability to describe this to team members, other colleagues, and members of the public
 Ability to provide education and training for mental health staff on all aspects of the recovery paradigm and psychosocial rehabilitation assessments and interventions
 Ability to integrate all information into a case formulation using psychosocial interventions designed to promote recovery and attainment of the goals articulated by each person
 Ability to assist supervisees and team members in the management of difficult behaviors
 Ability to integrate the knowledge, values, and attitudes critical for successful work with people with SMI/SED into interdisciplinary team settings to facilitate shared decision making
 Ability to work with staff in specialized facilities such as supported housing, etc. to help them recognize and deal appropriately with symptoms and problem behaviors to help individuals with SMI/SED thrive in the community
 Ability to educate, train and supervise staff in the best ways to help people with SMI/SED manage symptoms, set and achieve goals for themselves, and use resources available to them. Some examples of potential issues include limit setting, stigma, empathy, delusions/hallucinations, reflective listening, crisis intervention - at all levels of training from front-line behavioral health staff through to highly trained staff and managers/administrators
 Ability to consult with families about their member’s illness and the role of family in treatment
 Knowledge of resources to help with access to care (e.g., family members trying to get members into care and navigate complex system)
 Ability to educate and train staff in facilities and on specialized units for youth, young adults, and older persons where knowledge and expertise is lacking about behavior health particularly SMI/SED

Research and Evaluation

- Recognition of the importance of incorporating persons with lived experience of SMI into all aspects of research and evaluation from conception to completion and publication. This includes formulation of hypotheses, study questions and design, determination of statistical methods, participants to be recruited, etc.
- Knowledge of and ability to use mixed methods research designs
- Familiarity with and ability to use single case designs (disorders may be persistent over time and multiple baselines provides a more clear picture of the impact of different treatment components and their helpfulness with individuals)
- Recognition of ability to incorporate family members and first degree relatives into designs (research provides insight into how the illness manifests in individuals vs. family members looking at the phenotypes in individual and family)
- Recognition of importance of involvement of caregivers and other stakeholders in research and willingness to incorporate into designs
- Up to date knowledge of the latest assessments and interventions for this population
- Ability to utilize research/evaluation knowledge to adapt/modify assessments and interventions that have excluded persons with SMI and to do so appropriately recognizing when fidelity to the original practice is essential
- Recognition and understanding the needs of vulnerable populations vis a vis their participation in research efforts
- Recognition and understanding of the ability of persons with SMI/SED to provide informed consent
- Ability to inform and educate IRBs about the type of intervention research common with SMI populations such as psychosocial interventions
- Understanding of the unique needs of persons with SMI/SED vis a vis research/evaluation and ability to apply this knowledge to prevent/minimize drop out as typically this is different for SMI 1) drop outs tend to be doing worse and 2), severe economic disadvantages impact people with SMI disproportionately 3), follow up studies need to include more time (>1 year) due to the nature of the illness
- Knowledge of and ability to conduct multifactorial designs of programs as these are the norm with SMI populations; understanding of the importance of controls for non-specific factors
- Ability to identify appropriate outcomes for program evaluation work due to broad nature of quality of life, psychosocial functioning, recovery
- Ability to undertake program evaluation which is critical so that a developed program can be improved - systems within which SMI/SED persons are seen often more difficult to work with in structured research settings due to multiple stakeholders
- Ability to obtain buy-in from multiple under-resourced clients and stakeholders

Supervision/Teaching

- Comprehensive knowledge of all psychosocial assessments and interventions and ability to impart knowledge about these and to supervise others in practice
- Ability to provide education and training for mental health staff on all aspects of the recovery paradigm and psychosocial rehabilitation interventions
- Ability to impart knowledge about the importance of hope, respect, positive regard, and acceptance of person's goals and wishes with development of the therapeutic relationship which is key and sometimes difficult to form and to supervise others in their development of these
- Ability to impart an understanding of the pace and common non-linear process for recovery and ability to develop reasonably positive expectations for the person's progress despite the combination of social, functional, and cognitive impairments that are common
- Ability to help trainees and supervisees recognize incremental improvements and utilize the process of shaping in goal setting and recovery

 Ability to impart knowledge of the phenomenology of the disorders of SMI (e.g., auditory hallucinations, negative symptoms such as diminutions of basic drives, etc.)
 Ability to supervise effective goal setting that is often different in quality (i.e., level of difficulty) and outcome (i.e., type of goals set)
 Ability to promote self-examination of fear and pre-conceptualization of people with SMI including stigma and self-efficacy
 Ability to teach and supervise trainees about appropriate boundaries and differences in work this population
 Knowledge of standard tools for fidelity measures and ability to supervise trainees in their use
 Ability to use live or audiotape feedback to understand the often complex nuances of work with persons with SMI
 Ability to supervise a range of other mental health providers (e.g., psychiatrists, peers, nurses, social workers, occupational therapists)
 Knowledge of the complexity of systems change issues and ability to promote resiliency as resistance is encountered

Management/Administration
 Knowledge of needed systems of care and the importance of integration and interdisciplinary cooperation
 Familiarity with reimbursement structures and with psychosocial services that are not funded or are partially funded and ability to secure funding for needed specialized services
 Knowledge of Commission on Accreditation of Rehabilitation Facilities (CARF) requirements for accreditation and ability to implement changes needed to secure accreditation
 Knowledge of Joint Commission and Centers for Medicare and Medicaid Services standards and ability to implement changes needed to secure accreditation and ensure CMS standards are met
 Knowledge of the Americans with Disabilities Act and its amendments and application to those with SMI/SED
 Ability to lead effectively within complex multi-disciplinary teams and settings
 Knowledge of implementation and dissemination of EBPs for those with SMI/SED and the challenges of this in multiple, complex settings
 Recognition of the importance of conducting program evaluation and/or quality improvement studies and ability to convince team members of this and to implement?
 Comprehensive program development (full continuum of care that incorporates interventions, e.g., SE) — and general understanding of aspects of the continuum
 Knowledge of the complexity of systems change issues and ability to implement needed changes
 Comprehensive knowledge of all psychosocial assessments and interventions and ability to impart knowledge about these and ensure cooperation and implementation within teams and overall system

Advocacy
 Ability to create opportunities for people to meet and interact with others, build social capital, promote community wellbeing, overcome social isolation, increase social connectedness and address social exclusion
 Knowledge of community resources and ability to reach out to these as a means of expanding access to services for people with SMI/SED
 Knowledge of community resources and ability to intervene to help with access to care (e.g., family members trying to get members into care and navigate complex system).

******Developed by representatives of the APA Task Force on SMI/SED, Division 18 of the APA, the Division 18 Section on SMI/SED, and representatives of post-doctoral programs with a specialization in SMI/SED.